PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/532,146			ing Date 20/2005	To be Mailed
	Al	PPLICATION A	AS FILE	OTHER THAN SMALL ENTITY OR SMALL ENTITY								
	FOR	NU	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A		l	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),	E or (q))	N/A		N/A			N/A		ı	N/A	
TO (37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *		•			x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$2: additi	e specification and drawing ets of paper, the application (50 (\$125 for small entity) f tional 50 sheets or fraction (.S.C. 41(a)(1)(G) and 37 (n size fee due for each i thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If	the difference in col	umn 1 is less than	r "0" in colu		TOTAL			TOTAL				
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	11/30/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 9	Minus	~ 20		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1,16(h))	• 3	Minus	4		= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus					x \$ =		OR	x \$ =	
	Independent (37 CFR 1/16(h))		Minus	***				X \$ =		OR	x s =	
핇	Application Size Fee (37 CFR 1.16(s))											
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For IV THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IV THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IV THIS SPACE is less than												

has collection of information is origined by 37 CFR 1,10. The information is required to obtain or retain a benefit by the public which is in to file under by the USFTO to process) an application. Confidentiality is operend by 38 US 6.C 122 and 37 CFR 1.4. This collection is estimated to the bit 2 trainities to complete in excluding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this borton, should be sent to the Child referension Officer. U.S. Plants and Trickmark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.